



PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/781,492 |
| | Filing Date | February 13, 2001 |
| | First Named Inventor | Magdy Abadir |
| | Group Art Unit | 2825 |
| | Examiner Name | Annette M. Thompson |
| Total Number of Pages in this Submission | Attorney Docket Number | SC11403TS |

ENCLOSURES

(check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply Under C.F.R. § 1.116 <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/Declaration(s) Under 37 C.F.R. § 1.132 <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Cited References * |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------------|----------------|------------------|--------|
| Firm or Individual | Robert L. King | Registration No. | 30,185 |
| Signature | | | |
| Date | 11/7/2003 | | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

| | |
|-----------------------|------------|
| Typed or printed name | Pat Thomas |
| Signature | |
| Date | 11-7-03 |